

SPECIAL LEAVE ACCRUAL (SLA) REQUEST

1. Full Name: _____

(Last, First, MI.)

2. Rank: _____

3. SSN: _____

4. Unit: _____

5. Hostile fire or Imminent Danger Area: **Yes/No**

6. Contingency Operations (unclassified), deployed or in support of a
deployed unit: **Yes/No**

7. Factors preventing use of earned leave while not deployed: _____

8. Number of days lost at the end of the fiscal year: _____

9. Narrative explaining any special circumstances to be considered by
the approving authority: _____

Attach Supporting documentation (i.e., copy of LES)